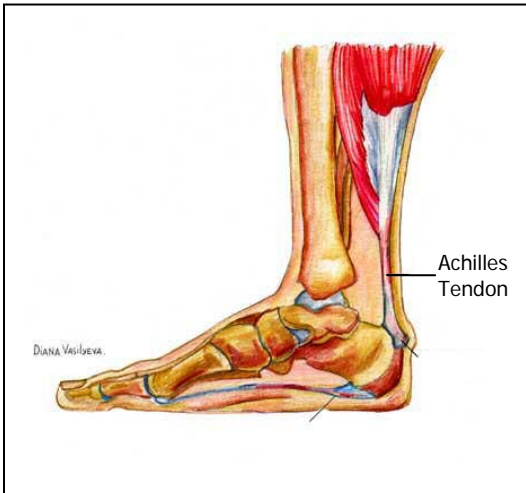


## Ankle Injuries – Achilles Tendonitis



Achilles tendonitis is an inflammation of the Achilles tendon (located on the posterior portion of the tibia above the heel bone) that results in pain, swelling, and quite possibly the inability to walk. The Achilles tendon is responsible for connecting the muscles of the lower leg to the foot. When inflammation occurs, everyday activities may become difficult or even impossible as pain or

weakness in the tendon prevents the foot from moving up and down (dorsiflexion and plantarflexion).

Achilles tendonitis has a number of possible causes. Some of these include:

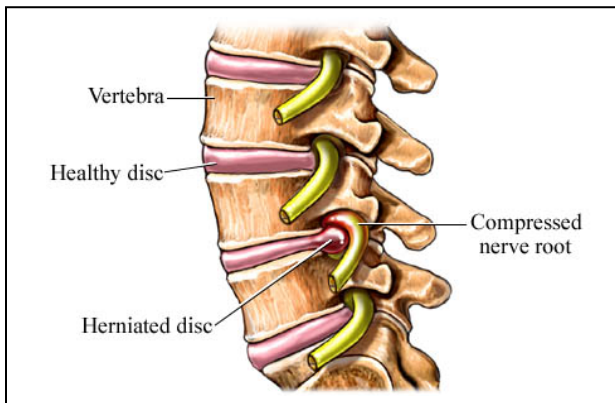
- Incorrect footwear
- Changes in footwear
- Overuse
- Congenital defects
- Increase in activity level
- Inadequate stretching prior to and following exercise

The symptoms of Achilles tendonitis should not be ignored or taken lightly. Without proper treatment, this injury may develop into a torn Achilles tendon, which is a much more traumatic and debilitating injury requiring surgery to repair.

In the event of a single traumatic event causing pain in the Achilles, the activity causing the pain should be ceased immediately and one

should seek medical attention. A more gradual onset of Achilles tendonitis may be alleviated with stretching or by changing footwear or training environment. If pain does not subside with self-treatment, a physician or physical therapist should be consulted. Following a thorough evaluation, a physical therapist may employ such methods as manual techniques, stretching, heat, ice, electrical stimulation, and therapeutic exercise.

## Back Injuries – Herniated Disc



The spine is composed of a series of vertebrae that are separated by thick, gel-filled discs. These discs are responsible for connecting the vertebrae as well as for providing cushioning between them. As the spine moves (extends and flexes), the gel inside each of these discs moves to

provide fluid motion and support.

A herniated disc occurs when a disc bulges (extreme displacement of the gel) or ruptures (a tear in the outer layer of the disc causing protrusion of the gel). This can be caused by degeneration of the disc (a result of aging or repetitive trauma) and/or as the result of a single traumatic event. This type of injury may result in a variety of symptoms depending on the location and severity of the injury.

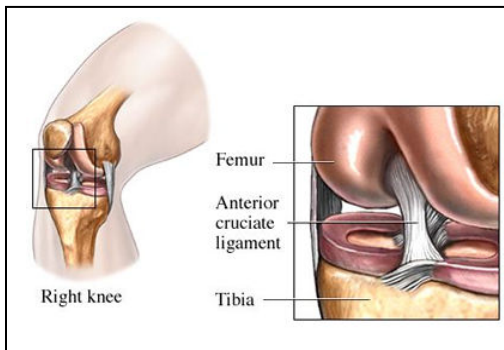
If the herniated disc is not pressing upon a nerve, the injured person may experience a mild backache or no symptoms at all. If the herniation is in fact compressing a nerve (as pictured above), there may be pain or numbness in the area to which the nerve travels. For example, if the herniation occurs in the cervical spine (around the neck) the injured person may experience pain or numbness in the arms or shoulders. If the herniation occurs in the lumbar spine (lower back), the individual may feel pain or numbness in the legs.

A doctor is able to diagnose a herniated disc through the combination of a review of an individual's medical history and a physical assessment including an examination of gait, nerve innervation, range of motion, pain, numbness, and ligament

tenderness. This method is most often all that is required to diagnose a herniated disc. However, if the prescribed treatment appears to be ineffective, an MRI (magnetic resonance imaging) may be suggested.

Approximately 80% of all patients diagnosed with a herniated disc are able to recover without surgery. The primary non-surgical treatment option is physical therapy. A physical therapist may be able to alleviate symptoms through stretching, exercise, manual therapy, and modalities such as heat, ice, and ultrasound.

## Knee Injuries – Anterior Cruciate Ligament (ACL)



Ligaments are made of strong fibrous tissue that connect bone to bone across a joint. The ACL (Anterior Cruciate Ligament) is one of the four most important ligaments in the knee joint. It connects the kneecap to the femur and to the tibia (lower leg). It is responsible for limiting rotational

movements of the knee as well as for restricting excessive forward movement of the lower leg.

An ACL tear occurs when this ligament is overstretched due to a sudden blow to the front (anterior) of the knee or by a sudden stop or twisting motion. In most cases, an ACL tear requires surgery to repair the damage. However, in the event of a partial tear, it is possible to avoid surgery depending on an individual's current/desired level of activity.

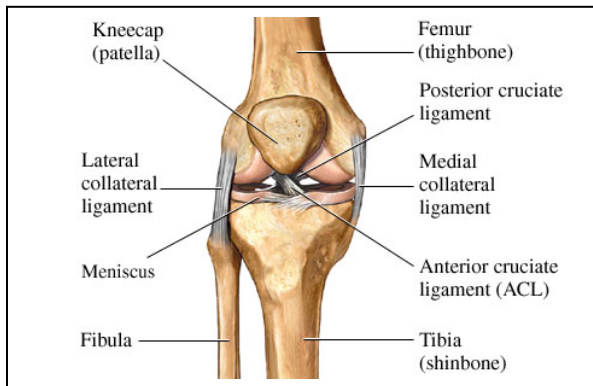
The main symptoms of an ACL tear are pain, swelling, a feeling as though the knee is "giving out", and, in some cases, a loud "pop". Following an ACL injury, one should avoid twisting the knee (e.g. planting the foot and turning the body) and impact to the knee, femur (upper leg), or tibia.

Arthroscopy is the surgical process designed to view the inner workings of a joint. It is a minimally invasive procedure that requires a small incision into the joint into which an arthroscope (a small, lighted, fiber optic tool used for viewing the interior of a joint) is inserted. In the event of an apparent ACL injury, arthroscopy may be suggested to determine the extent to which the ligament was injured. If

surgery is required to repair the damaged ACL, the ligament must be replaced.

Physical therapy may be recommended prior to ACL surgery in order to increase range of motion and to reduce swelling. It is also important to strengthen the joint and surrounding muscles at this time in order to help speed recovery after surgery. Once the ACL has been repaired, physical therapy is recommended to once again strengthen the leg and restore mobility.

## Knee Injuries – Meniscal Tear



The knee joint is supported by two menisci: the medial meniscus and the lateral meniscus. These c-shaped structures are composed of cartilage (the smooth, dense tissue responsible for cushioning the ends of bones). The menisci act as shock absorbers between the femur (upper leg) and the tibia

(lower leg) and assist in stabilizing the knee joint.

A meniscal tear may occur as a result of degeneration of the meniscus (a normal result of aging) and/or as a result of a single traumatic event. Such an event usually occurs when the knee is flexed (bent) and the individual pivots on the foot or receives a strong blow to the lateral side. Common symptoms of a torn meniscus are pain on the lateral side of the knee at the point where the femur and the tibia meet, low-level swelling the day after the onset of injury, and locking of the knee due to blockage of the joint.

Following a doctor's examination, a suspected meniscal tear is most often diagnosed through the use of an MRI (Magnetic Resonance Imaging). Using this method, a doctor is able to view a digital image of the damaged area to determine the severity of the injury. Only in rare instances does the meniscus heal itself. Surgery is often recommended to either remove or repair the tear.

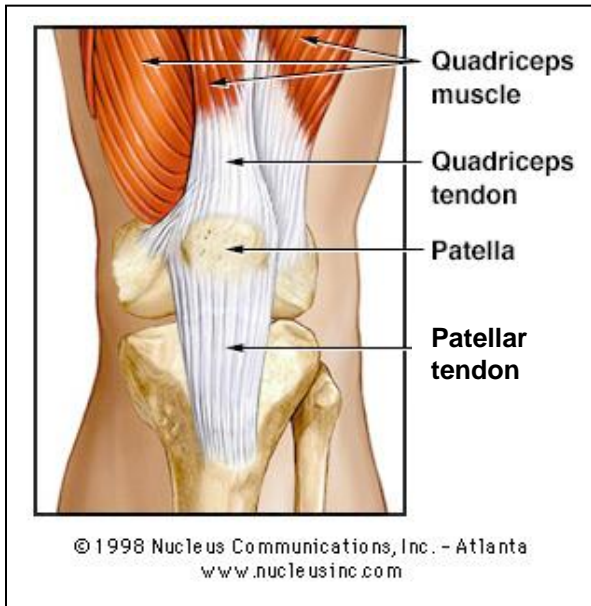
Arthroscopy is the surgical process designed to view the inner workings of a joint. It is a minimally invasive procedure that requires a small incision into the joint into which an arthroscope (a small, lighted, fiber optic tool used for viewing the interior of a joint) is inserted.

During a meniscectomy, the torn part of the meniscus is removed and the remaining cartilage is then reshaped along the joint line. During arthroscopic repair, the damaged meniscus is repaired and set securely in a position to allow the meniscus to heal.

Physical therapy is recommended following surgery to strengthen the surrounding muscles and to improve range of motion through the joint. Therapy may also be suggested prior to surgery to improve flexibility and to reduce swelling. Mild strengthening techniques may also be used prior to surgery to reduce post-operation recovery time.



## Knee Injuries – Patellar Tendonitis



Ligaments are made of strong fibrous tissue that connect muscle to bone. The patellar tendon connects the quadriceps muscles (muscles of the upper leg) to the tibia (the lower leg) across the knee joint to assist in extending the leg.

Tendonitis is an inflammation or irritation of a tendon that may cause pain or swelling in the affected area.

Patellar tendonitis, also called “jumper’s knee”, is most often caused by continued stress on the tendon due to weakness in the quadriceps muscles, imbalances in the strength of the quadriceps and hamstrings, improper mechanics in the execution of athletic competition or exercise, a rapid change in the intensity or type of exercise, or a sudden change in training surface.

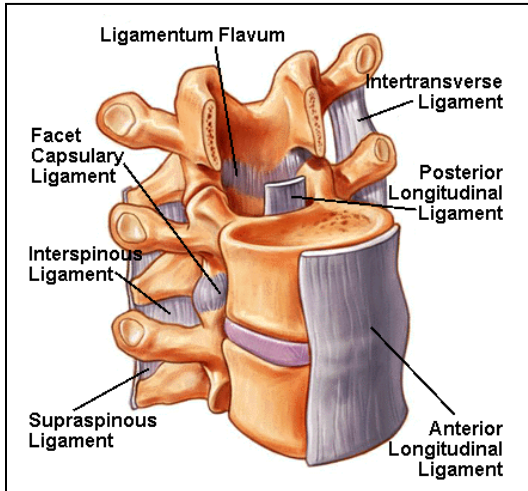
The main symptoms of patellar tendonitis are pain below the kneecap on the patellar tendon, tightness, and swelling in the knee. This injury, although not debilitating, can create difficulty in carrying out activities such as running, jumping, and kneeling. If gone unchecked, patellar tendonitis may worsen, resulting in the formation of scar tissue within the knee joint or in the most extreme of circumstances, rupture.

When experiencing the symptoms of patellar tendonitis, it is best to consult a physician in order to rule out the possibility of a more serious injury. If your symptoms are in fact a result of patellar tendonitis, it is best to reduce the intensity or frequency of the

activity causing the pain in order to strengthen the leg and prevent further injury.

Physical therapy may be recommended for the treatment of patellar tendonitis. A physical therapist will employ such methods as manual therapy, ice, heat, stretching, and therapeutic exercise.

## Neck Injuries – Whiplash



Whiplash is one of the most common injuries suffered during a car accident. The sudden change in direction caused by the impact of a collision can cause an individual's neck to flex and extend with excessive force. This force may be enough to injure the muscles and ligaments of the neck, or even damage the vertebrae, vertebral discs, or nerves of the cervical spine.

A minor occurrence of whiplash is commonly known as a neck strain or neck sprain. An individual suffering from this type of injury is most likely to recover within four to six weeks with proper medical treatment. A more severe occurrence of whiplash, resulting in damage to the cervical spine, may require surgery to repair the damage.

The most common symptoms of whiplash include muscle tightness or tenderness in the neck and upper back, stiffness in the neck, dizziness, nausea, and shoulder and arm pain. These symptoms may be treated through the use of anti-inflammatory and pain-relieving medications, a soft cervical collar, and physical therapy.

The more severe symptoms of whiplash may include recurrent pain in the cervical spine, inability to move the neck, difficulty swallowing, headache, blurred vision, difficulty concentrating, and equilibrium disorders.

In the event of a minor occurrence of whiplash, physical therapy may be recommended as the primary method of treatment. A physical therapist may employ methods including manual therapy,

therapeutic exercise, and modalities such as heat, ice, ultrasound, and electrical stimulation. If the injury is more severe, physical therapy may be suggested following surgery to restore range of motion through the cervical spine and to relieve pain due to tightness in the muscles and ligaments of the neck.

## NECK & BACK PAIN - PROPER SITTING POSTURE



Sitting improperly for long periods of time can lead to many problems involving the neck and back. Those whose jobs require mostly sitting are at an increased risk of experiencing neck and back pain.

Your low back moves in two directions: flexion and extension. Flexion is characterized by the forward bending of the spine (e.g. slouching) whereas extension is characterized by the backward bending of the spine (e.g. arching). In order to attain proper sitting posture, you should maintain a neutral back position (the midpoint between extreme flexion and extension). You can achieve a neutral back position actively or passively. Actively maintaining a good low back curve requires the use of your abdominal muscles and spinal musculature. Passively achieving a good low back curve requires the use of external lumbar (low back) support such as a lumbar roll.

Good low back posture promotes good neck posture. Poor low back posture promotes a forward head posture which can stress the back of your neck causing headaches, shoulder pain, fatigue, pain between your shoulder blades, and arm symptoms.

### GUIDELINES FOR PROPER SITTING:

1. **ELBOW POSITION:** While sitting upright, your elbows should be at a 90 degree angle. If they are not, move your seat up or down. If you use armrests, they should be high enough to slightly lift your arms at the shoulders to take stress off your neck and shoulders.
2. **EYES:** If you are sitting at a computer with your head facing forward, your eyes should be aimed at the center of your computer screen. If your screen is higher or lower than your gaze, raise or lower it accordingly.
3. **THIGHS AND CALVES:** Your feet should be flat on the floor with a 90 degree angle at your knees. You should be able to slide your fingers easily under your thighs and slide your fist behind your calf and the front of your chair. If you cannot do these things, you can prop your

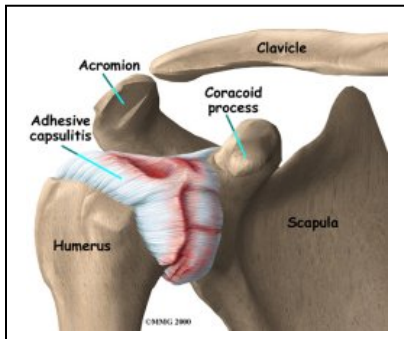
feet up with a footrest or add a lumbar support to the back of your chair.

4. **HEAD:** Your ears should be aligned over your shoulders.

To help you maintain good posture, we offer lumbar rolls. Lumbar rolls can be used in your chair or car seat. Ask a staff member for details

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## Shoulder Injuries – Frozen Shoulder



Frozen shoulder (adhesive capsulitis) is a condition characterized by loss of motion through the shoulder joint. Most common in people between the ages of 40 and 65, frozen shoulder is also more common in women than in men. An individual experiencing frozen shoulder will find difficulty in raising the arm above the head and across the body. Without proper treatment, symptoms will increase over time.

Frozen shoulder may have a number of causes, including overuse, enforced immobility, or damage due to a single traumatic event. Others who may experience frozen shoulder are those who suffer from diabetes (10 to 20% of diabetics experience frozen shoulder), Parkinson's disease, hyperthyroidism, and cardiovascular disease.

This type of injury is diagnosed through a medical examination including an evaluation of medical history and testing to determine level of pain and range of motion. If necessary, a doctor may suggest an X-Ray to rule out further, more extensive damage to the shoulder joint. Suggested treatment may include non-steroidal anti-inflammatory medications, corticosteroid injections, muscle relaxants, ice/heat, or physical therapy.

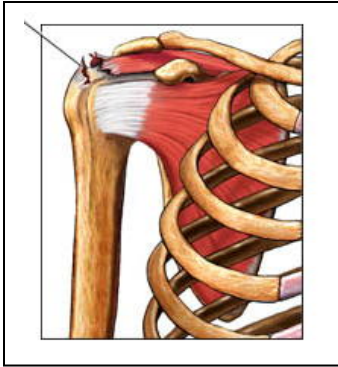
Surgery is only recommended as a last resort for frozen shoulder. Surgical methods including arthroscopic repair and manipulation under anesthesia are most common. Arthroscopy is the surgical process designed to view the inner workings of a joint. It is a minimally invasive procedure that requires a small incision into the joint into which an arthroscope (a small, lighted, fiber optic tool used for viewing the interior of a joint) is inserted. Once the arthroscope is inserted, a surgeon will then cut through adhesions (abnormal bands of tissue that grow

between the joint surfaces, restricting motion). Manipulation is a procedure not requiring that incisions be made. During this procedure, the doctor will move the arm to break up adhesions.

Physical therapy may be recommended as the primary method of treatment for frozen shoulder. A physical therapist will employ such methods as manual therapy, ice/heat, therapeutic exercise, and stretching. Physical therapy is also imperative following surgical repair in order to prevent future injury.



## Shoulder Injuries – Rotator Cuff Tear



The rotator cuff is comprised of four muscles: the supraspinatus, infraspinatus, teres minor, and subscapularis. These muscles are responsible for stabilizing, lifting, and rotating the humerus (upper arm) within the shoulder joint. These muscles are connected to the humerus by, what is known as, the rotator cuff tendons.

A tear of the rotator cuff is characterized by a tear of the rotator cuff tendons or a tear in one of the individual muscles that make up the rotator cuff. This can occur as a result of degeneration (chronic rotator cuff tear) or as a result of a single traumatic event (acute rotator cuff tear). The primary symptoms of a rotator cuff tear are pain, weakness, stiffness, popping/catching, and the inability to sleep on the affected side.

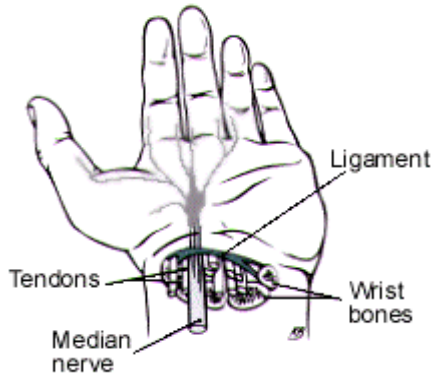
Rotator cuff tears, whether complete or incomplete, are most often diagnosed through the use of an MRI (Magnetic Resonance Imaging). Using this method, a doctor is able to view a digital image of the damaged area to determine the severity of the injury.

Arthroscopy is the surgical process designed to view the inner workings of a joint. It is a minimally invasive procedure that requires a small incision into the joint into which an arthroscope (a small, lighted, fiber optic tool used for viewing the interior of a joint) is inserted. In the event of a rotator cuff tear that requires surgery to repair, a surgeon may use an arthroscope to view and repair the damaged tendons. This method is known as a mini-open repair and is the most common surgical solution. If necessary, the surgeon may also perform a decompression (removal of bone spurs) and debridement (removal of non-healthy tissues and foreign material from a wound to prevent infection and permit

healing). Other surgical methods include open repair and arthroscopic repair.

Physical therapy may be suggested for the treatment of a partial rotator cuff tear. This method of treatment is designed to minimize/alleviate pain and to prevent further damage. If the pain does not subside or the tear is more severe, surgery will be necessary to repair the damaged tissue. Following surgery, physical therapy is recommended to regain strength and range of motion.

# Carpal Tunnel Syndrome



**Anatomy of the hand**

## What is it?

Carpal tunnel syndrome (CTS) is a painful and often debilitating disorder of the wrist and hand. The carpal tunnel is a narrow tunnel formed by bones and other tissues on the palm side of your wrist. Within this tunnel runs the median nerve. When the median nerve is compressed or pinched this can lead to CTS.

CTS occurs when the surrounding tissues in the carpal tunnel, such as ligaments and tendons, get swollen or inflamed and press against the median nerve. This usually results with repetitive motion of the wrist and hand. However, it may also be linked to other factors, such as injury to the wrist such as a fracture.

## Who is most at risk?

*Computer users, Grocery checkers, Assembly line workers, Meat packers, Violinists, Mechanics, Pregnant women, People diagnosed with diabetes, rheumatoid arthritis and thyroid disease*

## How is carpal tunnel syndrome diagnosed?

CTS is often diagnosed with a detailed history taken either by your doctor or physical therapist. Special tests are then performed to confirm or rule out CTS. If appropriate, a nerve conduction velocity test (NCV) or electromyography (EMG) may be ordered by your doctor to see if the nerves and muscles in your arm and hand show the typical effects of CTS.

## What are the signs and symptoms of carpal tunnel syndrome?

- Numbness and tingling in your hand and fingers (especially the thumb, index and middle finger)
- Pain in your wrist, palm or forearm
- Above symptoms are usually greater during the night or with prolonged repetitive motion of the wrist and hand
- Difficulty gripping objects and weakness in the thumb

## How is carpal tunnel syndrome treated?

If CTS is caused by a medical problem your doctor will most likely treat that problem which should help relieve symptoms. Your doctor may also prescribe medication to help decrease inflammation. The anti-inflammatory can be administered orally or by way direct injection. Your physical or occupational therapist can also play an integral role by using the appropriate interventions to help loosen the tissue surrounding the median nerve and decrease inflammation. These interventions might include ice, massage, stretching and possibly the application of a wrist splint. Surgery is a last resort; it involves cutting the ligament that may be pressing on your median nerve. Full recovery of hand function usually takes a few weeks to months after surgery.

## Can I prevent carpal tunnel syndrome?

Yes, by utilizing some of the tips below you may decrease your likelihood of developing CTS.

- Get treatment for any of the diseases listed that predisposes you to CTS
- Avoid doing the same repetitive movements of the wrist and hand for long periods of time
- Don't rest your wrists on hard surfaces for long periods
- Try to switch hands during work tasks and make sure your tools are appropriate for your hand size
- Take regular breaks from repeated hand movements
- If you use a keyboard a lot, adjust the height of your chair so that your forearms are level with your keyboard and you don't have to bend your wrists to type

# Fibromyalgia

## What is Fibromyalgia?

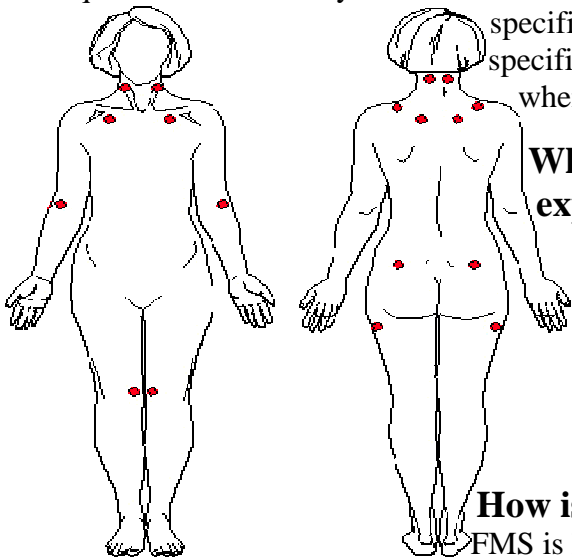
Fibromyalgia syndrome (FMS) is a widespread musculoskeletal pain and fatigue syndrome. Most common complaints include musculoskeletal aches, pain and stiffness, soft tissue tenderness, general fatigue and sleep disturbances. Although the cause is still unknown new research has shown that the FM patient has multiple physiological abnormalities compared with the normal population. Most researchers agree that the patient with FMS experiences pain amplification due to abnormal sensory processing in the central nervous system. Fibromyalgia has also been linked to stressful or traumatic events, repetitive injuries, illness and certain diseases such as rheumatoid arthritis, lupus, and ankylosing spondylitis.

## Who is affected?

It is estimated that FMS affects as many as 1 in 50 Americans. Most people affected with Fibromyalgia are women. The majority of people affected by Fibromyalgia are diagnosed during middle age.

## How is it diagnosed?

Currently there is no diagnostic test available for diagnosing FMS. Doctors must rely on the patient's history, reported aggravating signs and symptoms and a physical exam that includes an accurate manual tender point evaluation. Currently a positive diagnosis must include: widespread pain in all four quadrants of the body for a minimum of 3 months and tenderness and pain in at least 11 of the 18 specified tender points when pressure is applied. Tender points are specific places on the neck, shoulder, back, hips, arms, and legs that hurt when pressure is applied.



## What other symptoms might a person with fibromyalgia experience?

- Tingling and numbness in hands and feet
- Problems with thinking and memory
- Irritable bowel syndrome
- Temporomandibular joint dysfunction syndrome
- Difficulty sleeping
- Headaches
- Morning stiffness
- Painful menstrual periods

## How is fibromyalgia treated?

FMS is hard to treat and often takes a team approach, which includes your doctor, physical therapist and possibly other health care providers. Since not a lot is known about fibromyalgia it is important to find health care professionals that are familiar with treating this disorder. Rheumatologists are often the doctor of choice since they specialize in arthritis and other conditions that affect the joints and soft tissues. Other treatments include pain management, sleep management, psychological support, therapeutic massage, myofascial release, aqua therapy, light aerobics, acupressure, heat/cold modalities, acupuncture, yoga, and relaxation exercises.

## What can you do to help relieve the pain and associated symptoms?

- Take medications as prescribed by your doctor
- Get enough sleep
- Exercise
- Eat a well-balanced diet
- Make work changes to reduce the stresses on your body

## Hip Replacement

### Why is a hip replacement needed?

Severe joint pain while standing or walking is the biggest indication for hip replacement, typically caused by osteoarthritis. It can be caused by a number of other reasons including: genetics, trauma, rheumatoid arthritis, or excessive weight.

### What is involved in the surgery?

Surgery for a hip replacement is called a total hip arthroplasty. The diseased parts of the hip are replaced with new artificial parts. In this procedure, there are three surgical approaches that may be taken: posterolateral, lateral, and anterolateral approach. The approach used depends on your surgeon and a number of factors. The stability of the joint and rehabilitation is dependent upon the approach. In the most common approach, posterolateral, the scar is on the buttock near the outside of the hip. A few surgeons in the area are also beginning to perform minimally invasive hip replacements, leaving a scar on the front of the hip.

### What are hip precautions?

Following a hip replacement, there are a few positions that you should not put your hip into to avoid dislocating your hip. These should be explained while you are still in the hospital. For the most common approach, the hip precautions are:



- 1) No crossing legs.
- 2) No bending at the hip > 90 degrees.  
This means no bending forward to pick something off the floor or bringing your knee toward your chest.
- 3) No turning the leg inward.



### How long do I need to follow hip precautions?

It is up to your surgeon to tell you when you can stop following hip precautions. He or she will do this when it is completely healed, usually 2-3 months.

### How Long Are Recovery and Rehabilitation?

As early as 1 to 2 days after surgery, you may be able to sit on the edge of the bed, stand, and even walk with assistance. Usually, people do not spend more than 10 days in the hospital after hip replacement surgery. Full recovery from the surgery takes about 3 to 6 months, depending on the type of surgery, the overall health of the patient, and the success of rehabilitation. Rehab will focus on hip/knee strengthening, gait training, and stretching.

## Neck & Back Pain- Proper Sitting Posture

As modern technology steadily increases, so does the time we spend at a desk in front of a computer. So it comes as no surprise that more Americans are suffering from neck and back pain. In many instances, this pain is caused by improper posture.

### How am I supposed to sit?

**Head:** Facing straight ahead, your computer should be adjusted so you are looking down slightly at the screen.

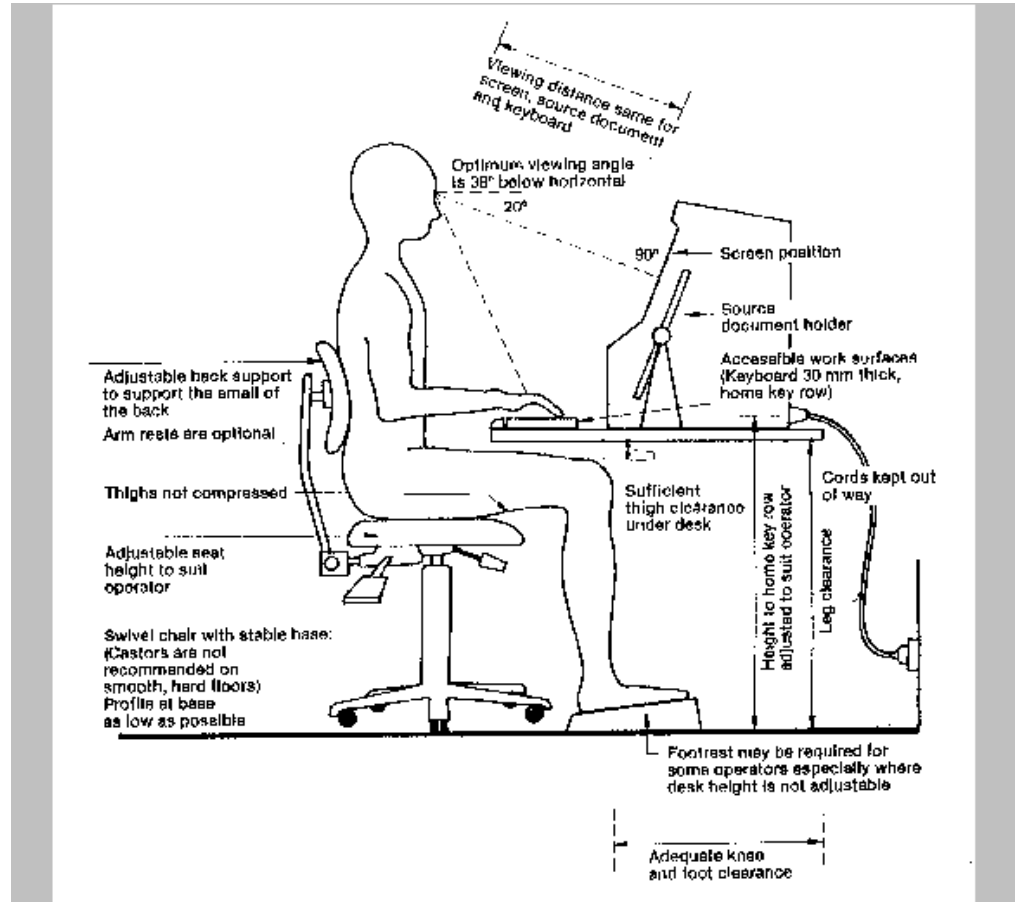
**Neck:** Should be directly over shoulders - do not slouch it forward and down.

**Shoulders:** Shoulder blades should be down and back and relaxed.

**Arms:** Adjust your chair to ensure that your elbows are bent at 90° and resting at your sides. If you have armrests, adjust them so that they slightly lift your arms at the shoulders to take stress off of the neck and shoulders.

**Low Back:** Keep in a neutral tilt. In other words, it should be in a comfortable position between an arched back and slouched low back. A lumbar roll is ideal to use to keep lower back comfortable and ergonomically correct.

**Legs & Feet:** Legs should be resting comfortably on the chair with knees bent 90°. If your feet do not reach the ground, use a stable footrest so that your feet are flat on the surface. You should be able to slide your fingers easily under your thighs and place your fist between your calf and the seat of your chair.



### Lumbar Rolls



Using a lumbar roll is an easy, inexpensive way to support your lower back while sitting for long periods of time. These lightweight devices can be used in your car, office workstation, at home, or anywhere else you sit for long periods of time. They have been proven to be effective with relieving back pain secondary to certain disc and other spine problems. If you are interested in purchasing a lumbar roll, we are more than happy to order one for you.

# Proper Lifting Techniques- A How-to Guide



Lower back pain is the most costly problem in the health care industry and the second leading reason for missed workdays behind the common cold for Americans aged 20 to 50 years of age. Several factors contribute to an individual's risk of experiencing lower back pain such as aging, improper mechanics, smoking, obesity, osteoporosis, and poor physical shape. Proper lifting techniques are crucial to the health of nurses, movers, construction workers, and other individuals who lift heavy objects on the job. However, most people do not practice safe lifting techniques in their daily routines. The following is a guide for appropriate lifting mechanics that will help keep your back safe and healthy:

**1. Test the load.** Before you lift, check the weight and make sure you can lift it safely. If not, get help or use an assistive device such as a dolly.

**2. Keep your back in its natural curve.** Bend at the hips and knees. With the low back erect, the forces are distributed evenly and safely.

**3. Maintain a wide base of support.** A solid and wide base will help reduce the possibility of slipping.

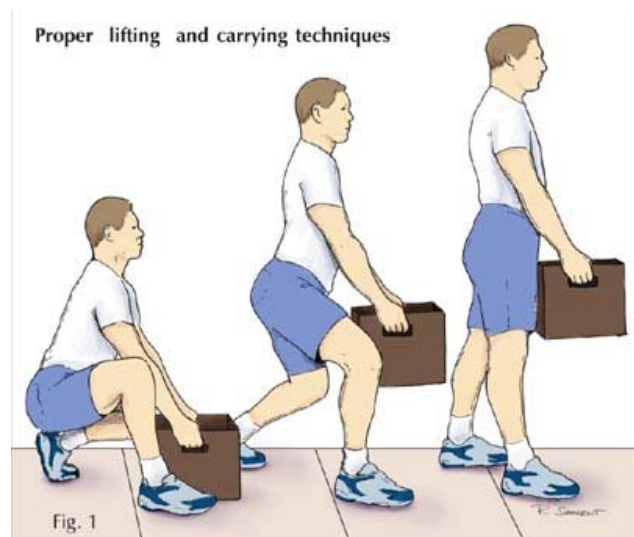
**4. Hold objects as close to you as possible.** This reduces stress on the back.

**5. Do not twist trunk when carrying.** Move or change directions with the feet. This decreases the stress and load on the back.

**6. Tighten stomach muscles when lifting.** This helps the abdominal area to assist in the lift and reduce strain on the low back.

**7. Think before you lift.** First think how you will lift the object. Plan the path and make sure it is clear for passage.

**8. Lift with the legs or the large muscles.** Using the large muscle groups helps to diminish the forces on the low back.



**The wrong way!**



**The right way!**

**9. Maintain good communication if two or more people are involved.** Good timing on a lift reduces the likelihood of jerky or sudden unexpected movements.

**10. Push rather than pull.** It is easier to utilize your weight advantage when pushing.

**11. Eliminate repetitive lifting duties if possible.** Place things or supplies that you constantly need or use at a better height initially to decrease lifting activities.